

Keith Palmer, Editor



# STRESS IN HUMAN SERVICES WORKERS

Emotional demands, responsibility, and job complexity feature more in some jobs than others. Wieclaw et al1 studied the risks of affective and stress related illness in health services professionals. Almost 29 000 cases with first hospital attendance for the two mental illnesses were identified from a central psychiatric registry and compared with 145 000 never-admitted matched referents, a 5% sample of the Danish population. Relative risks were raised up to 1.49-fold, being higher in education and social services, especially in men working in female predominated professions. Two other papers describe an initiative to prevent mental ill health in hospital staff. Bourbonnais et al<sup>2 3</sup> developed, implemented and evaluated a participative problem solving intervention aimed at reducing job demands and boosting decision latitude, support, and rewards. In a quasi-experimental design, pre- and post-intervention responses were compared, as were those in a control arm. The experimental group reported fewer risk factors and sleep problems, and less burnout. Sleep problems also improved in controls but burnout got worse. After allowing for covariates the authors considered the intervention to be useful.



### LIVING NEAR MOBILE PHONE BASE STATIONS

Does residence near a mobile phone base station cause ill health? Hutter et al4 have studied the issue in 365 randomly chosen subjects living close to 10 base stations. Household measurements were made of high frequency EMF field strength. Those from homes with higher exposures reported more headaches, fatigue, and poor concentration. Absolute exposures were far below recommended levels. The authors do not propose a mechanism for the results, but an editorial by Coggon<sup>5</sup> considers alternative explanations.



## RCT ON MSDs IN COMPUTER WORKERS

In recent years there has been a rapid expansion in the number of call centre workers using computers. Rempel et al6 have conducted a randomised control trial aimed at preventing upper body pain in this population. The interventions tested included the provision of ergonomic training, a wide forearm support surface, and a trackball input device. A total of 182 call centre operators were randomised and scored weekly for their pain over follow up, as well as being assessed clinically. Arm board support had a protective effect for incident neck-shoulder disorders (hazard ratio 0.49, 95% CI 0.24–0.97). The authors suggest that this and ergonomic training could be cost-effective measures to adopt. An editorial discusses current uncertainties in the field.7

### ELSEWHERE IN THE JOURNAL

This month's journal also includes a systematic review on primary prevention of latex related sensitisation and asthma8 and an assessment of the effectiveness of hearing loss prevention programmes in the USA following 20 years of regulation.9



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